

D-11-05703

S0140-6736(11)61270-1

## Empowerment and partnership in mental health

I was diagnosed with schizophrenia in 1991, and as such I have experienced mental health care and the challenges that come with it, from abuse—both physical and emotional—in psychiatric institutions, to inadequate mental health-care services and the detrimental effects of stigma and discrimination. I have spoken to many people with mental illnesses, which has allowed me to gain insight into the flaws and shortcomings of mental health-care services, and the needs of people using these services in South Africa. These challenges occur not only in the mental health-care sector but also in every aspect of the life of a person with a mental illness. My experiences led me to work in mental health and to establish the Gauteng Consumer Advocacy Movement—a project of the Central Gauteng Mental Health Society, whose main focus is the empowerment of people with mental illness and the exposure of human rights violations. I was also a communications consultant for the Empowering People Affected by Mental Disorders to Promote Wider Engagement with Research (EMPOWER) project of the Movement for Global Mental Health.

Mental health is probably the most neglected health specialty, despite the high prevalence of mental health disorders in all societies, irrespective of race, sex, age, culture, or financial status.<sup>1</sup> Although mental illness has been documented throughout history, much stigma and discrimination still exist, and are often what affects people with a diagnosis more than their symptoms.<sup>2</sup>

The utmost priority, I believe, in global mental health should be partnership between people affected by mental health disorders, and mental health professionals and researchers, to enable solidarity and communicate the facts about mental health issues to society. Misinformation and myths encourage and promote stigma and discrimination, which create their own challenges—eg, people with symptoms of mental illness not seeking or accessing mental health-care services; failure to be diagnosed and adequately treated; broken relationships; abandonment and neglect of the person by their family and community; human rights violations; and other social and economic challenges. An example of such a partnership is the EMPOWER project, involving partners in five developing countries in Africa and Asia. EMPOWER is a collaboration between a leading global mental health research institution (the London School

of Hygiene and Tropical Medicine, London, UK) and five non-governmental organisations: Sangath (India), the Nepal Mental Health Foundation, the Mental Health Users Network of Zambia, the Users and Survivors of Psychiatry in Kenya, and the Richmond Psychosocial Foundation (India). EMPOWER aims to strengthen the capacity of user organisations in sub-Saharan Africa and south Asia to use research findings to develop a plan for engagement with communities. The user organisation should then be able to improve understanding and treatment of mental disorders, and reduce the associated stigma. Ritsuko Kakuma (University of Melbourne) and I consult for the development and assessment of communication methods. Such partnerships should be formed worldwide to facilitate scale-up of mental health-care services and empowerment of people affected by mental health disorders.

An emphasis should also be placed on empowerment of people with mental health disorders so that they can be advocates for themselves and provide a voice to the voiceless. The Gauteng Consumer Advocacy Movement in South Africa is proof of the effectiveness of this concept—members actively identify and address their needs and expose human rights violations, ultimately advancing their own lives and those of others, while their lobbying contributes to the improvement of mental health-care services and access to education, employment, sport and recreation, arts and culture, and housing. In the Gauteng Consumer Advocacy Movement

For more on the Central Gauteng Mental Health Society see <http://www.cgms.co.za>

For more on Global Mental Health see <http://www.globalmentalhealth.org>

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empowerment programme, members run campaigns to increase awareness of key challenges that negatively affect people with mental health problems, including: training people using mental health-care services and stakeholders (mental health-care workers, employers, government departments, and police) about the Mental Health Care Act and Employment Equity Act; human rights and responsibility; symptoms and treatment of mental illness; treatment compliance; substance misuse; and basic skills training (eg, computer literacy) to improve employment opportunities. The programme also ensures opportunities to review and provide input into policies and legislation that affect those with mental-health disorders by building relationships with policy makers and relevant stakeholders.

The goals of scaling up mental health care in low-income and middle-income countries can only be achieved if they

are based on two foundations: the empowerment of people with mental-health disorders, and partnerships between people affected by mental health disorders and mental health professionals. These approaches are key for placing mental health on the health agenda, improving mental health services, and advancing the lives of those affected worldwide and regionally.

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I declare that I have no conflicts of interest.

- 1 Lopez A, Mathers C, Ezzati M, Jamison D, Murray C. Global burden of disease and risk factors. Washington: World Bank, 2006.
- 2 WHO. The world health report: mental health: new understanding, new hope. Geneva: World Health Organization, 2001.